

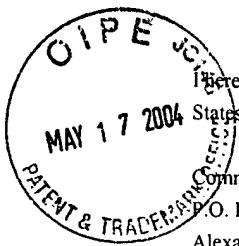
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/627,401
		Filing Date	July 24, 2003
		First Named Inventor	Martinez, Manuel Torres
		Art Unit	3654
		Examiner Name	Not yet known
Total Number of Pages in This Submission		Attorney Docket Number	040146-000100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Filing Receipt Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Patrick M. Boucher Reg. No. 44,037
Signature	<i>Patrick M. Boucher</i>
Date	May 11, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Nina L. McNeill		
Signature	<i>Nina L. McNeill</i>	Date	May 10, 2004 11



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On

May 11, 2004
TOWNSEND and TOWNSEND and CREW LLP

By

Nina L. McNeill
Nina L. McNeill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Manuel Torres Martinez

Application No.: 10/627,401

Filed: July 24, 2003

For: UNWINDING SYSTEM FOR
HANDLING REELS OF TISSUE

Examiner: Not yet known

Art Unit: 3654

REQUEST FOR CORRECTED FILING
RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:


Attached is a copy of the Updated Filing Receipt received from the Patent and Trademark Office in the above-noted application for which issuance of a corrected filing receipt is respectfully requested. There is an error in the spelling of the inventor's last name. It should read as follows:

Manuel Torres Martinez

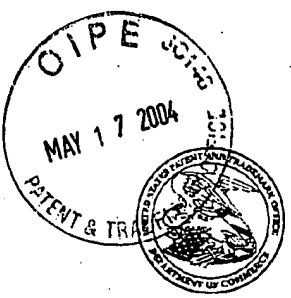
A corrected filing receipt is respectfully requested. Applicant believes no fee is required for submission of this request. However, if a fee is required, the Commissioner is authorized to

deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


Patrick M. Boucher
Reg. No. 44,037

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/627,401	07/24/2003	3654	0.00	040146-000100US	17	8	1

CONFIRMATION NO. 2858

20350
TOWNSEND AND TOWNSEND AND CREW, LLP
TWO EMBARCADERO CENTER
EIGHTH FLOOR
SAN FRANCISCO, CA 94111-3834

FILING RECEIPT



OC000000012473606

Date Mailed: 04/28/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) **MARTINEZ**
Manuel Torres ~~Marinez~~, Pamplona, SPAIN;

Domestic Priority data as claimed by applicant

Foreign Applications

SPAIN ES 2002 01747 07/25/2002

If Required, Foreign Filing License Granted: 04/28/2004

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Unwinding system for handling reels of tissue

Preliminary Class

JDE
5/1/04

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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